4652

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05629 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Jessups RFD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) GIRL (Last) ALLEN

4. DATE OF DEATH (Month) May (Day) 17 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5/17/54

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min. few?

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Jessups, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Moore

14. MOTHER'S MAIDEN NAME: Eleanor Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Eleanor Allen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Lack of care of newborn

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Subarachnoid hemorrhage

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ ~~CAUSE OF~~ DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY home

21c. (City or town) Jessup (County) Howard (State) Md.

21d. TIME OF INJURY (Month) 5/17/54 (Day) (Year) (Hour) P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Lack of care of newborn

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE R. H. Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED May 20, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF 6/18/54

NAME OF CEMETERY OR CREMATORY Baltimore City Morgue

LOCATION (City, town, or county) (State) 700 Fleet St.-Balto. 2, Md.

DATE REC'D BY LOCAL REG. 6/21/54

REGISTRAR'S SIGNATURE E. Bird Williams mt.

24. FUNERAL DIRECTOR R. H. Fisher MD **ADDRESS** 700 Fleet St

1054343998

RECEIVED
JUN 23 1954
BUREAU V. S.

04627

4651

MARYLAND — STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessup, Rural — LENGTH OF STAY (in this place): 8 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mission Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessup, Rural
STREET ADDRESS (If rural, give location): Mission Road

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Allen

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: May 15 1954

9. AGE last birthday: — yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours 8 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Buxton Allen

14. MOTHER'S MAIDEN NAME: Frances Crane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Buxton Allen, Jessup, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.0

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prolonged labor

(c)

INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1954, to 5/16, 1954, that I last saw the deceased alive on 5/15, 1954 and that death occurred at 7 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): B P Warren MD — ADDRESS: Laurel Md — DATE SIGNED: 5/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5/17/54 — NAME OF CEMETERY OR CREMATORY: St Laurence Cemtery — LOCATION (City, town, or county) (State): Jessup, Md

DATE REC'D BY LOCAL REG. 5/17/54 — REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR — ADDRESS: DeWitt Hamilton Laurel, Md

RECEIVED
MAY 20 1954
BUREAU V, S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04628

4653 CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaeffers Convalescent Retreat 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
STREET ADDRESS (If rural give location) Halls shop road

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) ANN (Last) BALDWIN

4. DATE OF DEATH: (Month) (Day) (Year) 19 5-1-54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 6-11-1857
9. AGE last birthday: 96 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Dunnville, Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mary S. Iglehart, Clarksville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: Acute

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic CV disease — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1954, to May 1, 1954, that I last saw the deceased alive on May 1, 1954, and that death occurred at 5 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] Kathleen, Md
ADDRESS Ellicott City Md
DATE SIGNED 5/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-4-54
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR May 4, 1954
REGISTRAR'S SIGNATURE John B. Loughran. Pres. B. E. L.
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04629

4654

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City X — LENGTH OF STAY (in this place) 8½ mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Taylor Manor Hospital 1-11

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria — 83 X-3
STREET ADDRESS (If rural give location) 820 Timberbranch Parkway

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) Adams (Last) Boggs

4. DATE OF DEATH: (Month) May (Day) 14, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct 8, 1883

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fairfield, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robley D Adams

14. MOTHER'S MAIDEN NAME: Carolyn Barkley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nails Funeral Home - Fairfield Ill.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

332X

Immediate cause (a) Cerebral Thrombosis — 6 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral Arteriosclerosis — 2 years

DUE TO

(c) Generalized arteriosclerosis — 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 12 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 19 53 to May 14, 19 54, that I last saw the deceased alive on May 14 19 54, and that death occurred at 10:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Irving J. Taylor M.D. Taylor Manor Hospital, Ellicott City, Md. 5/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 5-15-54 — NAME OF CEMETERY OR CREMATORY Fairfield Ill. — LOCATION (City, town, or county) Fairfield — (State) Ill.

DATE REC'D BY LOCAL REGISTRAR MAY 16 1954 — REGISTRAR'S SIGNATURE Huntington Williams, M.D. John Loughead smt.

24. FUNERAL DIRECTOR Wm Cook Inc — ADDRESS 117 St Paul St

RECEIVED
MAY 19 1954
BUREAU V. S.

Items 1, 10a, 13, 14
Phone call from funeral director.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04630

4655

CERTIFICATE OF DEATH

Reg. Dist. No. 190?

1. PLACE OF DEATH · COUNTY: Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ilchester X — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ilchester
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Mary's College 75	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) X. (Last) Dotzler				4. DATE OF DEATH (Month) May (Day) 20, (Year) 1954 19	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH: Oct. 14, 1898	9. AGE last birthday: 55 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rector of St. Marys College	10b. KIND OF BUSINESS OR INDUSTRY: Clergy		11. BIRTHPLACE (State or foreign country): New York City	12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13. FATHER'S NAME: /? Frank J. Dotzler			14. MOTHER'S MAIDEN NAME: /? Margaret Burkard		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: St. Mary's College		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a) 420.1	Coronary Embolism	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cardiac Decompensation	5 months
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12.10, 1953, to 5.19, 1954, that I last saw the deceased alive on 5.19, 1954, and that death occurred at 4:30 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Oscar C. Urban	M.D	805 Frederick Av. 28 Md	5.19.54

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 5-24-1954	NAME OF CEMETERY OR CREMATORY: St. Mary's College	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.: 5-2-54	REGISTRAR'S SIGNATURE: A W Hedrick	24. FUNERAL DIRECTOR: Lilly & Zeiler Inc., 403 S. Wolfe St.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04631

4656

CERTIFICATE OF DEATH

Reg. Dist. No. 1

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) — LENGTH OF STAY (In this place) 1 DAY — HOSPITAL OR INSTITUTION OR STREET ADDRESS: HIGHLAND MANOR NURSING HOME ELLICOTT CITY

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BALTIMORE — STREET ADDRESS (If rural give location): 417 S COLLINGTON AVE.

3. NAME OF DECEASED (Type or Print): (First) ANNA. (Middle) (Last) FRIESNER

4. DATE OF DEATH: (Month) MAY (Day) 4 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: APR 1 1866

9. AGE last birthday: 88 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK BAYER.

14. MOTHER'S MAIDEN NAME: MARY ACKERMAN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MICHAEL J. FRIESNER 218 N BELNORD AVE

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 IMMEDIATE CAUSE	(A) Myocardial Disease	5 yrs
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) Arteriosclerosis DUE TO	15 yrs
	(C) Senile Psychosis	1 yr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-44, 19..... to 5-1-54, 19. , that I last saw the deceased alive on 5-1-54, 19 ....., and that death occurred at 11 A M, from the causes and on the date stated above.

SIGNATURE D. H. Herrmann M. D. — ADDRESS 1710 E. 33rd St — DATE SIGNED May 4 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF MAY 8 1954 — NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM — LOCATION (City, town, or county) 4430 BELAIR RD (State) MD

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Duffel Bro ADDRESS 1600 E Lombard St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04632

4657 CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; LENGTH OF STAY (in this place) 5 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural give location) 113 E. Division St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Ashland (Last) Higgins

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec. 2, 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months; Days; IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clothing Store clerk

10b. KIND OF BUSINESS OR INDUSTRY: Own Store

11. BIRTHPLACE (State or foreign country): Vienna, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Higgins

14. MOTHER'S MAIDEN NAME: Alice Clifton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No; (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Norah W. Higgins, Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: ½ hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral hemorrhage — years

DUE TO (c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis due to arteriosclerosis

19a. DATE OF OPERATION: None; 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-30-53 19 , to May 19 , 19 54 , that I last saw the deceased alive on May 19, 54 , and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE Irving J. Taylor (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 5/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 5/22/54; NAME OF CEMETERY OR CREMATORY Parsons Cemetery; LOCATION (City, town, or county) Salisbury, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 5-20-54; REGISTRAR'S SIGNATURE Margaret W. Holloway; J. B. Leighton M.D.

24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS Salisbury, Md.

George C Hill II

VS. A15

RECEIVED
MAY 29
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04633

4658 CERTIFICATE OF DEATH Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 497 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) 497 Main St.

3. NAME OF DECEASED: (First) EDWARD (Middle) DAVID (Last) HILTON
4. DATE OF DEATH: (Month) 5-6-54 (Day) (Year) 19
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: 4-30-1870
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired
10b. KIND OF BUSINESS OR INDUSTRY: Janitor at courthouse
11. BIRTHPLACE (State or foreign country): Ellicott City, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James N. Hilton
14. MOTHER'S MAIDEN NAME: Sarah Ellen Mullineaux
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Carr Hilton, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

140X
Immediate cause (a) Squamous Carcinmoa of lip, mith metastases — 3 years.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO

260X
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Not Known

19a. DATE OF OPERATION: April 1952
19b. MAJOR FINDINGS OF OPERATION Squamous Carcinoma of lip
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/30, 1952, to 5/6, 1953, that I last saw the deceased alive on 5/3, 1953, and that death occurred at 5:30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) George E. Burstad M.D. ADDRESS Ellicott City, Md. DATE SIGNED 5/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-10-54
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) Baltimore, Md (State)
DATE REC'D BY LOCAL REGISTRAR May 6, 1954
REGISTRAR'S SIGNATURE John B. Loughran. (Pro. B. E. L.)
24. FUNERAL DIRECTOR F. C. Higinbothom
ADDRESS Ellicott City, Md

VS. A15

RECEIVED
MAY 11 19[illegible]
BUR[illegible]

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MARYLAND STATE DEPARTMENT OF HEALTH

4659

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Howard ELKRIDGE, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge; LENGTH OF STAY (in this place) 40 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5521 RACE RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge; STREET ADDRESS (If rural, give location) 5521 Race Rd

3. NAME OF DECEASED (Type or Print): (First) JULIA (Middle) [redacted] (Last) JONES

4. DATE OF DEATH: (Month) MAY (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: Oct 9, 1889

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: House w/fe

11. BIRTHPLACE (State or foreign country): Elkridge Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: West Jones

14. MOTHER'S MAIDEN NAME: Mag Cromwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Cherie Jones 5521 Race Rd Elkridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] — 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — 1½ [illegible]

(c) [illegible] — 2½ [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible] — 46 [illegible]

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial — DATE THEREOF: 5/10/54 — NAME OF CEMETERY OR CREMATORY: Mt. Auburn — LOCATION (City, town, or county) Balto. (State) Md

DATE REC'D BY LOCAL REG. 5/10/54 — REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR: Holland Funeral Home — ADDRESS: 1631 Druid Hill Ave.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rual) Ellicott City
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1104 Ramblewood Road, Yorkwood Apt.

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) GRACE (Last) STARR

4. DATE OF DEATH (Month) (Day) (Year) May 16, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: August 19, 1921

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Secretary

10b. KIND OF BUSINESS OR INDUSTRY: Armco Steel Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Scott M. Starr

14. MOTHER'S MAIDEN NAME: Mary Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-12-5588

17. INFORMANT & ADDRESS: Mrs. Mary Starr, 13 Melvin Ave. Catonsville 28 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound of head

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) house

21c. (City or town) Ellicott City (County) Howard (State) Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 16, 1954 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Shot self in head

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 5/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 19, 1954

NAME OF CEMETERY OR CREMATORY St. John's Cemetery

LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REG. May 18, 1954

REGISTRAR'S SIGNATURE John B. Loughran Per B.E.L.

24. FUNERAL DIRECTOR Easton Sons, Catonsville 28, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MAY [illegible]

[illegible]REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04637

Item 9 film G166 6/7/54 ca 4661

CERTIFICATE OF DEATH

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elbridge — LENGTH OF STAY (in this place): 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1950 Furance, ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Elbridge
STREET ADDRESS (If rural give location): 1950 Furance ave

3. NAME OF DECEASED: (Type or Print) (First) LEROY (Middle) CLEVELAND (Last) VANE

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 1, 1884

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Dorchester Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Vane

14. MOTHER'S MAIDEN NAME: Margaret Horsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-09-5547

17. INFORMANT & ADDRESS: Mrs Ethel L. Vane, 1950 Furance ave Elbridge, md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Heart disease coronary — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Myocardial Infarct — DUE TO (c) Arteriosclerosis - generalized

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Palsy

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to May, 1954, that I last saw the deceased alive on 25 May, 1954, and that death occurred at 9:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): George E Burleau MD — ADDRESS: Elbridge md — DATE SIGNED: 27 May 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 27, 1954 — NAME OF CEMETERY OR CREMATORY: Meadowridge Memorial Park — LOCATION (City, town, or county) (State): Elbridge Md

DATE REC'D BY LOCAL REGISTRAR'S REGISTER: may 27, 1954 — REGISTRAR'S SIGNATURE: Miss E. Birdsall

24. FUNERAL DIRECTOR: Henry W. Jenkins & Son — ADDRESS: 4905 York Rd. Baltimore 12, Md.

RECEIVED
MAY 28 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 191

1. PLACE OF DEATH:
COUNTY HOWARD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge - Rural X
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belmont Farm near Elkridge, Md. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3401-4
STREET ADDRESS (If rural, give location) 2453 WASHINGTON BLVD. ✓

3. NAME OF DECEASED: (Type or Print) (First) ELMER (Middle) W (Last) WEBSTER

4. DATE OF DEATH (Month) 5 (Day) 14 (Year) 1954

5. SEX: Mak

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 20, 1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Private

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-07-9965

17. INFORMANT & ADDRESS: Mrs. Pearl Webster, 2453 Washington Blvd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Thrombosis	5 minutes
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)		
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burgtorf
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY
M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5/14/1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 5/17/54

NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5-17-54

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 St. Paul St.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53